

**BOARD OF BAR EXAMINERS
OF THE DELAWARE SUPREME COURT**

405 North King Street, Suite 500
Wilmington, DE 19801
(302) 651-3951
ARMS_BBE@delaware.gov

**FORM F:
BAR EXAMINATION ACCOMMODATION
VERIFICATION**

NOTICE TO APPLICANT

You must complete this part of the form. The rest of the form must be completed by the bar admissions administrator from the jurisdiction in which you received accommodations to take that jurisdiction's bar examination. Read, complete, and sign below before submitting this form to the bar admissions administrator for completion of the remainder of this form.

Full Name: _____

Date of Birth: _____

I give permission to the bar admissions administrator completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

Date:

Signature:

NOTICE TO BAR ADMISSIONS ADMINISTRATOR

The above-named person is an applicant ("Applicant") for admission to the Delaware Bar and is requesting accommodations on the Delaware Bar Examination. The applicant has stated that your jurisdiction provided testing accommodations to take the bar examination on account of the applicant's disability.

To assist the Board of Bar Examiners of the Delaware Supreme Court ("Board") in reviewing the applicant's request for testing accommodations for the Delaware Bar

Examination, the Board requests that you answer the questions below regarding any testing accommodations the applicant received to take the bar examination in your jurisdiction.

Please print or type your responses and return this completed form to the applicant for submission to the Board with the applicant's application for testing accommodations. The Board greatly appreciates your assistance.

BACKGROUND INFORMATION

Name: _____

Title: _____

Full name of bar admissions authority for which you are completing this form:

Address of bar admissions authority: _____

Telephone: _____

Facsimile: _____

Email: _____

ACCOMMODATIONS HISTORY

Did Applicant request testing accommodations for a bar examination in your jurisdiction?

_____ Yes

_____ No

If yes, please answer the following three questions. If no, please skip ahead to the Certification.

- 1. For which sittings of the bar examination (identified by month and year) did Applicant request accommodations?**

- 2. For what disability or disabilities did Applicant request accommodations?**

- 3. What accommodations were granted to Applicant? If Applicant was granted (a) fewer and/or different accommodations than were requested, or (b) no accommodations because the request was denied, please note this and explain the reasons why, or attach a copy of any notification or decision sent to Applicant with such an explanation.**

4. Was any request (s) for accommodations reviewed on your behalf by a qualified professional, and if so, please identify each qualified professional by name, address and telephone number.

CERTIFICATION

I certify that the information supplied on this form is true and correct based on the information retained in our record.

Date

Signature